

# **INDIVIDUAL / AGENCY - CHANGE REQUEST FORM**

**for:**

**Name Change; Clearance Letter; License Cancellation**

**FORM MUST BE SIGNED & DATED**

Utah Insurance Department  
State Office Building Room 3110  
Salt Lake City, Utah 84114  
Phone: 801-538-3800 Fax: 801-538-3830  
Email: [licensing.uid@utah.gov](mailto:licensing.uid@utah.gov)

**IMPORTANT NOTICE:** You may not use this form for adding an additional qualification or line of authority to an existing license, for adding or terminating a designee(s) to an agency license, or for reporting a change or address or telephone number. All designation changes should be done online via SIRCON at [www.sircon.com/utah](http://www.sircon.com/utah). Line of authority additions should be done online via SIRCON for resident licensees, or through either SIRCON or via NIPR at [www.nipr.com](http://www.nipr.com) for non-resident licensees. All address and telephone number changes should be done online through SIRCON or NIPR (with the exception of resident title agency branch office changes, which should be submitted by email or fax).

## **Please type or print**

Name of Individual or Agency \_\_\_\_\_ Utah License # \_\_\_\_\_

Social Security # or Federal Tax ID # \_\_\_\_\_

**I hereby request the following** (please check appropriate box):

### **1. ☐ CHANGE OF NAME**

From \_\_\_\_\_ To \_\_\_\_\_

Individual: Enclose a copy of documentation, such as divorce decree, marriage license, driver's license, etc.

Agency: Be sure to also register the change of name with the Utah Department of Commerce.

### **2. ☐ LETTER OF CLEARANCE**

The licensee is the only party authorized to request a cancellation of license. Include a stamped, self-addressed envelope.

I, \_\_\_\_\_, have moved from UTAH to the state of \_\_\_\_\_

Please cancel my Utah license # \_\_\_\_\_ and forward a letter of clearance to the following address:

### **3. ☐ CANCELLATION / VOLUNTARY SURRENDER OF LICENSE**

I am voluntarily returning my license for cancellation for the following reason: \_\_\_\_\_

## **ATTESTATION:**

By signing below, I hereby attest that all of the information submitted is true and correct, and that I am the licensee for whom the requested change is being submitted, or an authorized responsible representative of the licensee for whom the requested change is being submitted.

\_\_\_\_\_  
**Name and Title of Individual Submitting Request**

\_\_\_\_\_  
**Relationship of Submitter to Licensee**

\_\_\_\_\_  
**Signature** of Licensee or Authorized Representative Submitting Request.

\_\_\_\_\_  
**Date**